MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01894

CERTIFICATE OF DEATH

442
1310

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights — LENGTH OF STAY (in this place) 22 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7304 Gateway Boulevard	STREET ADDRESS (If rural give location) 7304 Gateway Boulevard

3. NAME OF DECEASED (Type or Print)	(First) Kathryn	(Middle) Kalbfus	(Last) Abbott	4. DATE OF DEATH	(Month) Feb	(Day) 14	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH July 3, 1895	9. AGE last birthday 53 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher	10b. KIND OF BUSINESS OR INDUSTRY Public School	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A. Pr. Geo.				
13. FATHER'S NAME Charles Kalbfus		14. MOTHER'S MAIDEN NAME Josephine Mallory					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT W. G. Abbott				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify ~~that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and~~ that death occurred at 7 15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James I. Boyd	Deputy Medical Examiner	Forestville Md	2-14-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE Feb 16, 1949	NAME OF CEMETERY OR CREMATORY Cedar Hill	LOCATION (City, town, or county) Suitland, Md. (State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Edna F. Collins	24. FUNERAL DIRECTOR J. William Lees Sons Co.	ADDRESS

Feb. 14-1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 18 1949
BUREAU V. S.

01895

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

442

CERTIFICATE OF DEATH

131a Reg. Dist. No. 234

1. PLACE OF DEATH · COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oxon Manor	STREET ADDRESS (If rural give location) Oxon Manor

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle)	(Last) Addison	4. DATE OF DEATH	(Month) 2 (Day) 17 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 6/23/96	9. AGE last birthday 52 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardiner	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Largs, Scotland.	12. CITIZEN OF WHAT COUNTRY? Gr. Britan		
13. FATHER'S NAME Unk	14. MOTHER'S MAIDEN NAME Unk.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Personal papers			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I ~~attended the deceased from XXXXXXXX, 19XXX to XXXXXXXX, 19XXX that I last saw the deceased alive on XXXXXXXXXX 19XXX and that~~ death occurred at 2:35P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	Deputy Medical examiner	Forestville, Md.	2/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb 23, 1949	NAME OF CEMETERY OR CREMATORY Cedar Hill	LOCATION (City, town, or county) (State) Suitland Md
DATE REC'D BY LOCAL REG. 2/22/49	REGISTRAR'S SIGNATURE Amanda Downey Mrs. Alton Davis	24. FUNERAL DIRECTOR F. Gasch's sons	ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1

01896

CERTIFICATE OF DEATH 94a

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges — Collington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bowie
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bowie
STREET ADDRESS (If rural, give location) Springfield Rd. Collington

3. NAME OF DECEASED (Type or Print): (First) Margaretta (Middle) Elagett (Last) Addison

4. DATE OF DEATH: (Month) Feb (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept 27, 1885

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): St George's Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm D. Elagett

14. MOTHER'S MAIDEN NAME: Cathrine Roswell Duckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: William Addison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 14 mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1947, to Feb 8, 1949, that I last saw the deceased alive on Feb 8, 1949, and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Robert S McCreary M.D. — Laurel Md — 2/10/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb 10/49 — NAME OF CEMETERY OR CREMATORY: Trinity — LOCATION (City, town, or county) (State): Marlboro Md

DATE REC'D BY LOCAL REG. 2/9/49 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: F Gaschs Sons Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01897

CERTIFICATE OF DEATH

332 131a

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince George

City or town: Lanham

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 69 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Lanham

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Julia Contee Allen

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) ~~Single, married~~, widowed, ~~or divorced~~
F	C	

6.(b) Name of husband ~~or wife~~: Napoleon Allen

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1848

8. AGE:

Years	Months	Days	If less than one day
101	—	—	..... hrs. ..... min.

9. Birthplace: Lanham, Md.

(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business: —

FATHER

12. Name: —

13. Birthplace: —

MOTHER

14. Maiden name: —

15. Birthplace: —

16. Informant: Elizabeth Patterson

Address: Lanham, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-19-49 (month) (day) (year)

Cemetery or crematory: Ebenezer Cemetery

Location: Lanham Md.

18. Funeral director: Edmonston Funeral Service

Address: 2006 - 9th St N.E. Washington D.C.

19 2-16-49 (Date rec'd by registrar) 19 Mrs Jack Bennett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 15 19 49 at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 19 49 to Feb 15 19 49 and that I last saw her alive on Feb 14 19 49

Immediate cause of death	DURATION
Cerebral Thrombosis	6 hrs
Due to: Arteriosclerosis	?
Due to:	
Other conditions: Nephrosclerosis, Osteo-Arthritis	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Wilbur H. Jackson M.D. If other

Address: 319 - Division Ave. N.E. Date signed: 2/15/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 22 1949
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01898

HH2

FILM No. G 120 APR 26 1949

CERTIFICATE OF DEATH

131a

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
LENGTH OF STAY (in this place) 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6216 - Kingston Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
STREET ADDRESS (If rural give location) 6216 - Kingston Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Florence	Belle	Balderson	Feb	14	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Dec 26, 1870	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no			Herman W. Balderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify ~~that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19.....~~, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	Deputy medical Examiner	Forestville Md	2-14-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-17-49	Cedar Hill	Suitland,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-14-49	Carrie F. Campbell	J. Tom Lee Sons Co	Fred. Mass. Washington D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 420.1 94a 01899

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood — LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3706 Bunker Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural give location) 3706 Bunker Hill Rd

3. NAME OF DECEASED (Type or Print): (First) PHILIP (Middle) EARL (Last) BARBER
4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan 29, 1897
9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Window Trimmer
10b. KIND OF BUSINESS OR INDUSTRY: Display
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Phelps Barber
14. MOTHER'S MAIDEN NAME: Annie Burrus
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service) W.W.I.
16. SOCIAL SECURITY NO.: 579-01-6763.
17. INFORMANT: Mrs. Viola Agnes Barber

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 1 hour

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Arteriosclerosis — 2 yrs. - 4 months

(c) Angina Pectoris

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6, 1946, to 2/17, 1949, that I last saw the deceased alive on 2/2, 1949, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Finnegan, M.D. — 1342 East Capitol St. Wash. D.C. — 2/17/49

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE 2-21-49 — NAME OF CEMETERY OR CREMATORY Arlington, Va. — LOCATION (City, town, or county) (State) Arlington Va.

DATE REC'D BY LOCAL REG. 2/17/1949 — REGISTRAR'S SIGNATURE James Seery — 24. FUNERAL DIRECTOR P. J. Saffell — ADDRESS 475 H St. NW D.C.

Dr. John T. Maloney - Corner - Artificial - released.
J. J. Jennigan
M.D.

RECEIVED
FEB 18 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

163 01900

CERTIFICATE OF DEATH

47d Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville | LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4326 - 40th Place.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville, Md
STREET ADDRESS (If rural, give location) 4326 - 40th Place.

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Virginia (Last) Barnard

4. DATE OF DEATH (Month) 2 (Day) 3 (Year) 1949

5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 3/9/1896 | 9. AGE last birthday 52 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Washington, D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Emery Brown | 14. MOTHER'S MAIDEN NAME Ida Blackburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Husband.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia, Pleural Effusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the Lung

(c) Pericardial Effusion, Ascites, metastatic spread to the heart and Spleen.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1944, to 2-3, 1949, that I last saw the deceased alive on 2-2, 1949, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Clertz M.D. | ADDRESS Hyattsville, Md | DATE SIGNED 2-3-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Feb 5, 1949 | NAME OF CEMETERY OR CREMATORY Congressional | LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. Feb. 5, 1949 | REGISTRAR'S SIGNATURE James Severy | 24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md ADDRESS

RECEIVED
FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01901

2411 N. Charles Street, Baltimore 491

CERTIFICATE OF DEATH 107

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale Heights
LENGTH OF STAY (in this place): 14 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5807 - Roanoke Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale Heights
STREET ADDRESS (If rural give location): 5807 Roanoke Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Francis	Allen	Bauman	Feb.	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Dec-5, 1947	yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore, Maryland	U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME: Mary Ann Bauman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Margaret Bauman (Grandmother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho pneumonia — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2:20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney, M.D.	Deputy Medical Examiner	Cheverly-Hyattsville, Md	2-23-49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 24, 1949	Ft Lincoln	Colmar Manor	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 24 1949	James Berry	F. Gasche & Sons	Hyattsville Md

RECEIVED
FEB 25 1949
BUREAU V. S.

01902

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1
13(1)

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro (Rural)
LENGTH OF STAY (In this place): 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro (Rural)
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Louise	Jane	Bean	Feb.	27	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Feb 5, 1882	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. Edward Tolson	Alice Suit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	Mr. Arcenious Bean

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	Immed.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Hypertensive C V R disease	Unk
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chr osteoarthritis + chondrosatoma	2nd

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept., 19 46., to 27 Feb., 19 49, that I last saw the deceased alive on 20 Feb., 19 49, and that death occurred at 7 50 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert B Lasser	M D	Upper Marlboro, Md	27 Feb 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	3-2-49	Epiphany	Forestville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 1st 1949	R Bruce Smith	Ritchie Bros	Upper Marlboro Md

RECEIVED
MAR 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

443 93d. 01903 Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo. Co. MD. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; LENGTH OF STAY (in this place) 17 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 36 Mary St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural, give location) Hyattsville Maryland

3. NAME OF DECEASED (Type or Print): (First) Isbella (Middle) Mayer (Last) Bowie

4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Mar 17-1874

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Anne Arundel Co. M.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sampson Powell

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Daughter Eliza Bowie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis	4 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10 yrs
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20-47 to 2-, 1949, that I last saw the deceased alive on 2-1, 1949, and that death occurred at 11 a m., from the causes and on the date stated above.

SIGNATURE Howard Hays (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-5-1949	Mt. Zion	Anne Arundel Co. M.D.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 1, 1949	James Levey	Henry S. Washington & Sons	467 N St. N.W. Wash. D.C.

RECEIVED
FEB 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

322.0 77c 01904

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Largo Rd & Marlboro Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maine COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thomaston
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) (Last) Butler

4. DATE OF DEATH (Month) Feb. (Day) 10 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 31, 1895
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Thomaston, Maine
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Oscar Butler
14. MOTHER'S MAIDEN NAME Mary Tillson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If year, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. ?
17. INFORMANT Mrs. Edith Young.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Exposure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Alcoholism - acute

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify ~~that I attended the deceased from~~ ....., 19....., to ....., 19....., ~~that I last saw the~~ deceased ~~alive on~~ ....., 19....., ~~and~~ that death occurred at 9:00 P m., from the causes and on the date stated above.

SIGNATURE James T. Boyd (Degree or title) Deputy Medical Examiner ADDRESS Westville Md DATE SIGNED 2-14-49

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify) Shipped
DATE Feb. 14, 1949
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Thomaston, Maine
DATE REC'D BY LOCAL REG. Feb 14 1949
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01905

2411 N. Charles Street, Baltimore 442 13(a)

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY Prince Georges · STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie · LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
HOSPITAL OR INSTITUTION OR STREET ADDRESS — 6th Street	STREET ADDRESS (If rural, give location) 5th Street

3. NAME OF DECEASED (Type or Print)	(First) Arthur	(Middle)	(Last) Campbell	4. DATE OF DEATH	(Month) Feb.	(Day) 23	(Year) 1949
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-2-1879	9. AGE last birthday 69 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad Commission

11. BIRTHPLACE (State or foreign country): Prince Georges Co. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Campbell

14. MOTHER'S MAIDEN NAME: Mary Hubert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Leo Campbell, Bowie Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiovascular renal disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney, M.D.	Deputy Medical Examiner	Cheverly Hyattsville Md	2-23-49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 26-49	Cemetery	Bowie Pr. Ges

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/25/49	Mrs. Agnes Jungling	Martin Fleming Sons	Bowie Md

VS. A15

RECEIVED
MAR 5 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON:

FILM No. G 118 FEB -7 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01906

450.0
930

Reg. Dist. No. 242

1. PLACE OF DEATH:
County: Prince George's
City or town: Croome - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George
City or town: Croome - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: NO

3. (a) FULL NAME: Mary P. Carroll

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Thomas Carroll
Deceased
8.(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): March 4, 1877

8. AGE: Years 71 72 | Months 10 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace: Prince George County
(Town, county and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Henry Butler
13. Birthplace: Prince George County
MOTHER 14. Maiden name: Rachael Purdy
15. Birthplace: Prince George County
16. Informant: Elizabeth Roney
Address: Croome, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2-5-49 (month) (day) (year)
Cemetery or crematory: Brooks Cemetery
Location: Nottingham Md.
18. Funeral director: John T. Stewart
Address: 30 H. St. N.E.
19. 2-2 19 49 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 2 1949 at 4:10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 18 1949 to Feb 2 1949 and that I last saw her alive on Jan 31 1949

	DURATION
Immediate cause of death: Congestive Heart Failure	2 months
Due to: Arteriosclerosis	10 yrs
Due to: Auricular Fibrillation	1 year
Other conditions: Possible Fractured L Left Femur	

(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.
Autopsy results: no
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: James E. Sanger M. D. or other
Address: Upper Marlboro, Md. Date signed: 2-2-49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
FEB 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

002 01907

CERTIFICATE OF DEATH 13B Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale
LENGTH OF STAY (in this place): 1 yr., 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 704 G. St., S. E.

3. NAME OF DECEASED (Type or Print): (First) EARL (Middle) (Last) COMPTON

4. DATE OF DEATH: (Month) Feb (Day) 2 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Aug. 30, 1915	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stoker Operator	- -	Culpepper, Virginia	

13. FATHER'S NAME: Charles Compton, Culpepper, Virginia

14. MOTHER'S MAIDEN NAME: Dolly Hemphrey, Culpepper, Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	- - -	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculous meningitis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	15 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 1, 19 47, to Feb 2, 19 49, that I last saw the deceased alive on Feb 1, 19 49, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lee Finucane	M.D.	Glenn Dale Md.	Feb 2, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	2/4/49	Cedar Hill Cemetery	Prince Georges County Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 2, 1949	Rowland S. Phillips	W. W. CHAMBERS.	517-11th St. SE - D.C.

RECEIVED
FEB 15 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

450.0 93d

01998

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: J. B.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY: Prince Georges — STATE:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: J. B.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Regina	Virginia	Curtin	Feb.	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Sept 30, 1878	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at Home		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Kidwell	Regina Cantor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Mr Howard Curtin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	5 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 yr
	(c) Secondary Anemia	3 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 3, 1949, to Feb 13, 1949, that I last saw the deceased alive on Feb 10, 1949, and that death occurred at 5:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James E. Tarsey	-	Usher Marlboro Md	2-14-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	Feb. 16, 1949	Holy Rosary	Rosaryville,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 14, 1949	F. D. Billingsley	Ritchie Bros.	Upper Marlboro, Md.

RECEIVED
FEB 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

200.1 61989

CERTIFICATE OF DEATH 55e

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanaham; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Princess Garden Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Pr.Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanaham; STREET ADDRESS (If rural give location) Princess Garden Road

3. NAME OF DECEASED (Type or Print): (First) Lelia (Middle) Drucilla (Last) Dolby

4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6/10/1895

9. AGE last birthday: 53 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otho M. Burrows

14. MOTHER'S MAIDEN NAME: Alice M. Moulden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Bird H. Dolby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphosarcoma — Interval Between Onset and Death: 2½ yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-16-48

19b. MAJOR FINDINGS OF OPERATION: Biopsy of Glands. Lymphosarcoma

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13, 1946, to 2-21, 1949 that I last saw the deceased alive on 2-19, 1949, and that death occurred at 8:55 P m., from the causes and on the date stated above.

SIGNATURE: V.B. Mayer (Degree or title) M.D. ADDRESS: Mt. Ranier Md DATE SIGNED: 2-23-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 2/25/49 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery | LOCATION (City, town, or county) (State): Colmar Manor, Md.

DATE REC'D BY LOCAL REG.: Feb 24 1949 | REGISTRAR'S SIGNATURE: James Seery

24. FUNERAL DIRECTOR: Wm J. Malley ADDRESS: 3200 R.I. Ave. Mt Ranier Md.

RECEIVED
FEB 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01910

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 518 H. St., N. W.

3. NAME OF DECEASED (Type or Print): (First) SIDNEY (Middle) E. (Last) DYER

4. DATE OF DEATH: (Month) Feb. (Day) 4, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10/6/11

9. AGE last birthday: 37 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper Hanger

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Marshall C. Dyer, Maryland

14. MOTHER'S MAIDEN NAME: Ada C. Knott, Washington, D. C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - (If year, give war or dates of service): -

16. SOCIAL SECURITY No.: 579-07-8887

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	4 yr 6 mo
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 25, 1949, to Feb 4, 1949, that I last saw the deceased alive on Feb. 3, 1949, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lee Finicane	M.D.	Glenn Dale Md	Feb 4, 1949

23. BURIAL, CREMATION REMOVAL. (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 7 1949	Mt. Olivet Cemetery	Washington	D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 4, 1949	Rowland S. Phillips	W. W. Chaney Co	517-11th S.E.

791.

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FEB 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01911

162

47c

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale
LENGTH OF STAY (in this place): 2 mos., 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 124 - 23rd St., N. E.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) H. (Last) DYER

4. DATE OF DEATH: (Month) Feb. (Day) 4, (Year) 1949.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/29/88

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): St. Mary's Co., Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William E. Dyer, St. Mary's Co., Md.

14. MOTHER'S MAIDEN NAME: Bertha Smith, St. Mary's Co., Md.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - (If year, give war or dates of service): -

16. SOCIAL SECURITY No.: 577-12-6103

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Bronchogenic Carcinoma, of upper lobe Right Lung; Squamous cell, papillary type

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Metastases to brain and rt. supraclavicular area.

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr 2 Mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 26, 1948, to Feb. 4, 1949, that I last saw the deceased alive on Feb. 3, 1949, and that death occurred at 4:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Rev. Daniel Leo Finucane M.D. Glenn Dale Md Feb 4 1949

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE: Feb. 7, 1949

NAME OF CEMETERY OR CREMATORY: Our Lady's Chapel Cemetery

LOCATION (City, town, or county) (State): Medleys Neck, St. Mary's Co. Md.

DATE REC'D BY LOCAL REG.: 2-4-49

REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: Robert A. Mattingly

ADDRESS: 131-11th St S E Wash D.C.

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FEB 15 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331 01912

CERTIFICATE OF DEATH

83a Reg. Dist. No. 245

1. PLACE OF DEATH· COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Wash. D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 3 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Nursing Home	STREET ADDRESS (If rural give location) 630 Lexington Pl. N.E.

3. NAME OF DECEASED (Type or Print)	(First) Martha	(Middle)	(Last) Fowler	4. DATE OF DEATH	(Month) Feb.	(Day) 4	(Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-18-1861	9. AGE last birthday 87 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Rinaldi Perrie			14. MOTHER'S MAIDEN NAME Imogene Conrad				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. no	17. INFORMANT Mrs. J. Benson Perrie				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 6 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial hypertension — ? years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 30, 1949, to Feb 4, 1949, that I last saw the deceased alive on Feb 3, 1949, and that death occurred at 4:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Logan MD 6001 Nevada W NW Wash, 15, DC 2/4/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE 2-7-1949	NAME OF CEMETERY OR CREMATORY Emmanuel M.E. Church	LOCATION (City, town, or county) (State) Horsehead, Maryland
DATE REC'D BY LOCAL REG. Feb 4, 1949	REGISTRAR'S SIGNATURE James Severy	24. FUNERAL DIRECTOR Ritchie Bros. gwd.	ADDRESS Upper Marlboro, Md

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FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01913

330

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laurel, Md.; LENGTH OF STAY (in this place) 15 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Laurel, Md.; STREET ADDRESS (If rural, give location) R.F.D. Laurel, Md.

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) LESTER (Last) GOVER

4. DATE OF DEATH: (Month) February (Day) 27 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 23, 1911

9. AGE last birthday: 37 yrs. If under 1 year: Months. 11 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Filing Station Attendant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rocksberry, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Gover

14. MOTHER'S MAIDEN NAME: Katherine Gover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 214-16-8350

17. INFORMANT: Wife - Margaret Virginia Gover

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Subaracnoid hemorrhage — Interval between onset and death: 4 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/27, 1949, to 2/27, 1949, that I last saw the deceased alive on 2/27, 1949 and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William R. Burge, M.D. 305 P.G. St. Laurel, Md Feb. 27/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: March 2, 1949

NAME OF CEMETERY OR CREMATORY: Forest Oaks

LOCATION (City, town, or county) (State): Gaithersburg, Md.

DATE REC'D BY LOCAL REG.: Mar 1 - 1949

REGISTRAR'S SIGNATURE: M. Drashear

24. FUNERAL DIRECTOR: Ridgley Selby

ADDRESS: 401 Washington Blvd. Laurel, Md.

RECEIVED
MAR 4 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01914

002 136

CERTIFICATE OF DEATH

Reg. Dist. No. 240

1. PLACE OF DEATH

County: Pr. George's

City or town: Edmonston

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all her life

Hospital, Institution, or street address where death occurred: none

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Pr George's

City or town: Cedarville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME GRAY Mrs Bertha Anne

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Blk.	Widowed

6.(b) Name of husband or wife —

6.(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Dec 17 1880

8. AGE: Years 68 | Months Dec | Days 17 | If less than one day ... hrs. ... min.

9. Birthplace Prince George County Md (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business —

FATHER 12. Name Thomas Henry Proctor

FATHER 13. Birthplace Prince George Co Md

MOTHER 14. Maiden name Frances Proctor

MOTHER 15. Birthplace Prince George Co. Md

16. Informant — Lawrence Gray

Address — Brandywine Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-10-49 (month) (day) (year)

Cemetery or crematory St Peters

Location Woodyard Md

18. Funeral director Hunt & Wilson

Address Woodyard Md

19. 2/15 (Date rec'd by registrar) 1949 H. L. Brown Registrar

F.H. Billingsley

MEDICAL CERTIFICATION

20. DATE OF DEATH February 12 1949 at 10:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948 to Feb 1949

and that I last saw h.e.r. alive on December 1948

Immediate cause of death	DURATION
Congestive heart failure	
Due to Pulmonary collapse & Carcinoma Colon	
Due to Tuberculosis, pulmonary & Ileum	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alfred R Lapen M.D.

M. D. or other

Address Edmonston Md Date signed Feb 12 1949

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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FEB 21 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

924.0 182

01915

CERTIFICATE OF DEATH

Reg. Dist. No. 240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brandywine
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brandywine
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Patricia Ann (Middle) (Last) Greenfield

4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11/16/48

9. AGE last birthday: yrs. If under 1 year: Months 3 Days 9 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brandywine, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis Leroy Greenfield

14. MOTHER'S MAIDEN NAME: Gertrude C. Makle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Gertrude C. Greenfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Smothering in the bed clothing

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): Brandywine (COUNTY): P. G. (STATE): Md.

TIME OF INJURY (Month): 2 (Day): 25 (Year): 49 (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Found laying on face in bed

22. I hereby certify that I attended the deceased from ~~XXXX

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MAR 4 1949
BUREAU T. S.

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01916

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

976

CERTIFICATE OF DEATH

164c

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 20 min.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.	STREET ADDRESS (If rural, give location) 6310 Inwood Street

3. NAME OF DECEASED (Type or Print)	(First) Thom	(Middle) Williamson	(Last) Hall	4. DATE OF DEATH	(Month) Feb	(Day) 2	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-27-03	9. AGE last birthday 45 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY State Roads Co.	11. BIRTHPLACE (State or foreign country) Washington, D.C.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Carvel Hall		14. MOTHER'S MAIDEN NAME Marie Williamson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Thom W. Hall, Jr.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun-shot wound through chest.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Cheverly (COUNTY) Prince Georges (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 2, 1949 8.30 A.m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Self inflicted gun-shot wound.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 9.20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John T. Maloney, M.D.	Deputy Medical Examiner	Cheverly-Hyattsville, Pr.Geo,	2-2-49 Md.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial	DATE 2/5/49.	NAME OF CEMETERY OR ~~CREMATORY~~ Christ Church	LOCATION (City, town, or county) (State) West River, Md
DATE REC'D BY LOCAL REG. 2/5/49	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR F. Gascha sons Hyattsville Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

442 01917

CERTIFICATE OF DEATH

B1a Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchelville
LENGTH OF STAY (in this place) 5 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mitchelville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchelville
STREET ADDRESS (If rural give location) Rt. 2

3. NAME OF DECEASED (Type or Print) (First) Georgeanna (Middle) Newman (Last) Harley.

4. DATE OF DEATH (Month) Feb. (Day) 24 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 22, 1863
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Isaac Newman
14. MOTHER'S MAIDEN NAME Martha Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO. No.
17. INFORMANT Mrs. Lilly Procter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure

Antecedent cause(s)

Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1949, to Feb 24, 1949, that I last saw the deceased alive on Feb 22, 1949, and that death occurred at 3:40 P m., from the causes and on the date stated above.

SIGNATURE James I. Poop (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 2-25-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE Feb. 26, 1949
NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery
LOCATION (City, town, or county) Upper Marlboro (State) Md.

DATE REC'D BY LOCAL REG. Feb 25 1949
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

976

CERTIFICATE OF DEATH

164c Reg. Dist. No. 230

1. PLACE OF DEATH
COUNTY: Prince Georges
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Branchville
LENGTH OF STAY (in this place): 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9006 Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Branchville
STREET ADDRESS (If rural give location): 9006 Baltimore Avenue.

3. NAME OF DECEASED (Type or Print): (First) Burdeen (Middle) Joseph (Last) Harmon

4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 1, 1905

9. AGE last birthday: 44 yrs.
If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mount Solon, Va.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Harmon

14. MOTHER'S MAIDEN NAME: Ida Horn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 577-10-4126

17. INFORMANT: Mrs. Bertie Evers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Hemorrhage and shock

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Shot-gun wound of head

(c):

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): suicide

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) (COUNTY) (STATE): Branchville Prince Georges Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 6 1949 2:00 p. m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR?: 12 guage, No.6 shot shot-gun.

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2.00 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John J Mahoney M.D. Deputy Medical Examiner

ADDRESS: 2202 Cheverly Avenue, Hyattsville, Md.

DATE SIGNED: 2-6-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 2/9/49

NAME OF CEMETERY, OR CREMATORY: St Lincoln

LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: Jan 8 1949

REGISTRAR'S SIGNATURE: Amanda Mooney

24. FUNERAL DIRECTOR: F Gasche sons

ADDRESS: Hyattsville Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

13b Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS HAYNES RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY HOWARD + PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL
STREET ADDRESS (If rural give location) HAYNES RD

3. NAME OF DECEASED (Type or Print) (First) HOWARD (Middle) HEATON (Last) HERN

4. DATE OF DEATH (Month) FEB (Day) 12 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 6 AUG 1877
9. AGE last birthday 71 yrs. If under 1 year Months 5 Days 25 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY CONTRACTOR
11. BIRTHPLACE (State or foreign country) Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOHN HERN
14. MOTHER'S MAIDEN NAME EMMA KEYS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 217-05-2662
17. INFORMANT MRS. HERN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis, pulmonary
Antecedent cause(s) + throat
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 to 4 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Sep, 1948, to 12 Feb, 1949, that I last saw the deceased alive on 12 Feb, 1949, and that death occurred at 11 50 p.m., from the causes and on the date stated above.

SIGNATURE Thomas R. Ulshafer (Degree or title) MD
ADDRESS 322 Prince George St Laurel Md
DATE SIGNED 12 Feb 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb 15, 1949
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) Laurel, Maryland (State)

DATE REC'D BY LOCAL REG. Feb 14-1949
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md. ADDRESS

RECEIVED
FEB 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01920

EVIDENCE FOR MODIFICATION # 186 IS ON: 2411 N. Charles Street, Baltimore 153

FILM No. G 119 MAR 28 1949

CERTIFICATE OF DEATH

46e Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md. | LENGTH OF STAY (In this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5801-42 AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Hyattsville, Md.~~
STREET ADDRESS (If rural, give location) 3509-McKinley St. N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LEONA		HERRIOTT	Feb.	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		4-19-1867	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife.		Warren Ohio	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harvey Hilchcock	Bryant Newson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Carcinomatosis	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Primary along the intestinal tract, probably in the colon (3/28/49 chcf)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 24, 1949, to Feb 28, 1949, that I last saw the deceased alive on Feb 26, 1949, and that death occurred at 7 9 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Richard V. Mattingly	M. D.	4707 Conn. Ave. N.W.	2/28/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
transport	Feb 28, 1949		Warren Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/28/1949	James Levy	S. H. Hines Co.	2901-14th St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1949
BUREAU V. S.

01921

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 500

CERTIFICATE OF DEATH 930

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (In this place) 1 year. MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6217 Foote Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural give location) 6217- Foote St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Lee	Hicks.	February	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	single	December 8, 1946	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
—	—	Alexandria, Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Vernon Elmore Hicks	Cora Lee Walden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	—	Mrs Cora Lee Hicks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart failure	1 hour.
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) due to Toxic Myocarditis	4 hours (?)
	(c) Acute Bronchitis and Enteritis	5 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb. 3, 1949, to Feb 8, 1949, that I last saw the deceased alive on Feb 7, 1949, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Brainin	MD	614 Central Ave Capitol Hgts, Md	2/8/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/11/49	Fort Lincoln Cemetery	Brentwood	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/9/49	Carrie F. Campbell	W. W. Chambers & Co	Wash, D.C.

VS. A15

RECEIVED
FEB 12 1949
BUREAU V. S.

01922

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

443
938

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George

City or town: Takoma Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 months approx.

Hospital, institution, or street address where death occurred:

911 Davis Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Penna. County: Northampton

City or town: Bath

(If outside city or town limits, write RURAL and give nearest town)

Street No.: R. D. #1

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Sarah Catherine Hughes

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Milton A. Hughes

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): November 29, 1856

8. AGE: Years	Months	Days	If less than one day
92	2	12	____ hrs. ____ min.

9. Birthplace: Flicksville Northampton Co., Pa.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER

12. Name: John Raisley

13. Birthplace: Washington Township, Pa.

MOTHER

14. Maiden name: Susan Stauffer

15. Birthplace: Plainfield Township, Pa.

16. Informant: Mrs. Gertrude Drake

Address: 911 Davis Ave., Takoma Park, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Feb. 14, 1949 (month) (day) (year)

Cemetery or crematory: Morristown Cemetery

Location: Morristown, Penna.

18. Funeral director: Wilbur Sellers

Address: 254 Carroll St., Takoma Park, D.C.

19. Feb 11 1949 (Date rec'd by registrar) James Seery Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 10, 1949 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 20, 1947 to Feb. 10, 1949 and that I last saw her alive on February 10, 1949

Immediate cause of death	DURATION
Pulmonary edema and Inanition	6 days 6 mo.
Due to: Hypertensive heart disease	16 yrs.
Due to: Generalized arteriosclerosis	16 yrs.
Other conditions: Hemiplegia, right Cerebral apoplexy with	360 days

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results: ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Wallace M. Mook M.D. M.D. or other

Address: Takoma Park Md. Date signed: 2-10-49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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866.8

CERTIFICATE OF DEATH 173

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Md
LENGTH OF STAY (in this place) 32 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Pennsylvania — COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford Street
STREET ADDRESS (If rural, give location) 312 - Market Street. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Malcolm	Wilson	Jones	Feb	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W		July 7, 1925	20 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Banking	Oxford, Pa	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Willard B. Jones	Lottie J. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock	32 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral contusion & concussion	32 hrs
	(c) Airoplane crash landing	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Farm	Chillum	Pr. Geo.	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
Jan 30, 1949 - 4.5 P.M.		Airoplane crash landing

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 1.2.55 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney, M.D. Deputy Medical Examiner	2202 Cheverly Ave., Cheverly-Hyattsville, Md	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6 Feb 1949	Oxford Cemetery	Oxford Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 1 1949	James Devey	C. P. Rogers	357 N. 4th. Oxford Pa.

RECEIVED
FEB 3 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01924

CERTIFICATE OF DEATH

157 469

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 18 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kutwell — COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN /; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Knopp

4. DATE OF DEATH: (Month) Feb (Day) 17 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 4-1876

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Business

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph KNOPP

14. MOTHER'S MAIDEN NAME: MARY MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): UNKNOWN (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Sister - Mrs Jennie Phipps

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cachexia — 1 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Obstruction, — 3 wks

(c) Carcinoma of head of pancreas — Unk

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 Feb 49

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of pancreas

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Feb, 19 49, to 17 Feb, 19 49, that I last saw the deceased alive on 17 Feb, 19 49, and that death occurred at 6 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R B Lasser M.D. — ADDRESS Upper Marlboro, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 20-49 — NAME OF CEMETERY OR CREMATORY: St. Johns — LOCATION (City, town, or county): Tracys — (State) Md.

DATE REC'D BY LOCAL REG.: Feb. 20 1949 — REGISTRAR'S SIGNATURE: Wm. J. French

24. FUNERAL DIRECTOR: T. A. Hardesty & Son — ADDRESS: Galesville, Md.

RECEIVED
FEB 22 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01925

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale
LENGTH OF STAY (in this place): 5 mos., 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1450 P. St., N. W.

3. NAME OF DECEASED (Type or Print): (First) NETTIE (Middle) MAY (Last) LITTLE

4. DATE OF DEATH: (Month) Feb'r. (Day) 9th (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 11, 1923

9. AGE last birthday: 25 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Winston-Salem, North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James McGriff, South Carolina

14. MOTHER'S MAIDEN NAME: Lula Barnes, Lancaster, South Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 579-28-5949

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	1 year
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1948, to 2/9, 1949, that I last saw the deceased alive on 2/9, 1949, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane — (Degree or title) M.D. — ADDRESS: Glenn Dale Maryland — DATE SIGNED: Feb 9, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Washington D.C. — DATE: 2/9/1949

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: Feb 9 1949 — REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: St Joseph's Funeral home — ADDRESS: 306-2 St N.W.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 15 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01926

002

135

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MARYLAND PARK, MD.
LENGTH OF STAY in this place 12 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6414-E-ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE NANJEMOY, MD COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NANJEMOY, MD.
STREET ADDRESS (If rural give location) NONE

3. NAME OF DECEASED (Type or Print) (First) ELLA (Middle) FLORENCE (Last) LYNCH

4. DATE OF DEATH (Month) FEBRUARY (Day) 12 (Year) 1949

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 3 MAY 1874

9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN SMOOT

14. MOTHER'S MAIDEN NAME SARAH HANCOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. NO

17. INFORMANT SON - RUDOLPH J. LYNCH

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MALNUTRITION	10-14 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) SENILITY	3-4 yrs.
	(c) TUBERCULOSIS - Pulmonary	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 FEB., 1949., to 12 FEB 1949., that I last saw the deceased alive on 11 FEB., 1949., and that death occurred at 6 15 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sidney W. Lowry M. D. 7601-Gateway Blvd. District Hgts. Md. 2/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 2/15/49 NAME OF CEMETERY OR CREMATORY St. Ignatius LOCATION (City, town, or county) Hill Top Md. (State)

DATE REC'D BY LOCAL REG. 2/14/49 REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md. ADDRESS

VS. A15

RECEIVED
FEB 16 1949
BUREAU V. S.

01927

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

924.0

CERTIFICATE OF DEATH

182

Reg. Dist. No. 245

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3736 Rhode Island Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 941-9th St., N.W.

3. NAME OF DECEASED (Type or Print) (First) Michael (Middle) Eugene (Last) Miano

4. DATE OF DEATH (Month) Feb (Day) 9 (Year) 1949

5. SEX M.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) -

8. DATE OF BIRTH Jan 7, 1949

9. AGE last birthday yrs. If under 1 year Months. 1 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Michael Anthony Miano

14. MOTHER'S MAIDEN NAME Virginia Irene Cline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to suffocation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Brentwood (CITY OR TOWN) Brentwood - (COUNTY) Prince Georges, (STATE) Md

TIME OF INJURY (Month) 2 (Day) 9 (Year) 49 (Hour) A m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Baby found lying on face in crib. Suffocation

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE John J. Maloney (Degree or title) M.D. Deputy Medical Examiner ADDRESS Hyattsville, Pr. Geo. Md DATE SIGNED 2-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Transportation

DATE Feb 10, 1949

NAME OF CEMETERY OR CREMATORY woodlawn

LOCATION (City, town, or county) winston salem (State) N.C

DATE REC'D BY LOCAL REG. Feb 10, 1949

REGISTRAR'S SIGNATURE James Sevey

24. FUNERAL DIRECTOR F. Gosch's sons ADDRESS Hyattsville Md.

RECEIVED
FEB 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.2
93d

01928

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges County

City or town Hyattsville, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5023--38th Ave.,
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME MARTHA I. MOORE

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife George W. Moore

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 15th, 1862

8. AGE: Years	Months	Days	If less than one day
86			..... hrs. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James H. Vermillion
13. Birthplace Maryland

MOTHER
14. Maiden name Elizabeth Ann
15. Birthplace Maryland

16. Informant Owen F. Moore

Address 3981-Alabama Ave., S. E., Wash. D. C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 24 1949 (month) (day) (year)

Cemetery or crematory Epiphany Cemetery

Location Forestville Md.

18. Funeral director Arthur E. Simmons Jr

Address 2007- Nichols Ave. S.E.

19. 2/22 1949 (Date rec'd by registrar) Amanda Downey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 22 1949 at 12 05 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1947 to Feb 22 1949 and that I last saw h r alive on Feb 21 1949

Immediate cause of death Chr. Myocarditis

Due to

Due to

Other conditions no

(Include pregnancy within 3 months of death)

Major findings of operations no

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. J. Bowie M. D. or other

Address 301-B N E Date signed 2/22/49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

M

T

RECEIVED
FEB 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

002 01929

CERTIFICATE OF DEATH 13b

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale; LENGTH OF STAY (in this place) 8 mos., 19 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) Central Union Mission

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (Last) MURPHY

4. DATE OF DEATH: (Month) Feb. (Day) 14, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10/17/73

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Washington, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Murphy, Pennsylvania

14. MOTHER'S MAIDEN NAME: Mary Alden, Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -; (If year, give war or dates of service)

16. SOCIAL SECURITY NO. - - -

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 7yrs 3mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1948, to Feb. 14, 1949, that I last saw the deceased alive on Feb. 14, 1949, and that death occurred at 9.20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel Leo Finucane M.D. Glenn Dale Md 2/14/49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 2-17-49 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 2/15/49 REGISTRAR'S SIGNATURE Rowland S. Phillips

24. FUNERAL DIRECTOR James T. Ryan, Inc. ADDRESS 317 Penna. Ave., S.E. Washington 3, D.C.

VS. A15

RECEIVED
FEB 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01930

250

CERTIFICATE OF DEATH 838

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BERWYN; LENGTH OF STAY (in this place) 2½yr; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5110 HURON St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK; STREET ADDRESS 600 (If rural, give location) CEDAR

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) DAVIS (Last) ORTON

4. DATE OF DEATH: (Month) FEB (Day) 17 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 30 Sept 1870

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): MINNESOTA

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: CHARLES W DAVIS

14. MOTHER'S MAIDEN NAME: HARRIETT WINTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: ALBERTA O DAVIS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL THROMBOSIS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PARALYSIS AGITANS — Interval Between Onset and Death: 5-6 YR

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 FEB, 1949, to ——, 19....., that I last saw the deceased alive on 17 FEB, 1949, and that death occurred at 3 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. L. Etienne, M.D. Berwyn, Md 2/17/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: FEB. 19, 1949 | NAME OF CEMETERY OR CREMATORY: ROCK CREEK CEM. | LOCATION (City, town, or county) (State): WASHINGTON DC

DATE REC'D BY LOCAL REG. 2/17/49 | REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: The S. H. Hines Co ADDRESS: 2901 14TH NW WASHINGTON, DC

VS. A15

RECEIVED
FEB 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 442

01931

CERTIFICATE OF DEATH 131a

Reg. Dist. No. 23X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton — LENGTH OF STAY (in this place) 8 Mo	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Schultze's Subdivision	STREET ADDRESS (If rural, give location) Schultz's Subdivision

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Emma	Pangborn	2	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Sept 4, 1849	99 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Ohio (Lima)	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown Crouse	Unknown Reese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	Mr. Robert G. Pangborn- 20 Concord Ave. Cambridge, Mass.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 1947, to Feb 16, 1949, that I last saw the deceased alive on 2-14, 1949, and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd	M.D.	Forestville Md	2-16-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/19/1949	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/18/49	H.W. Reduck	WM. J. TICKNER & SONS	Balto., Md.

VS. A15

01932

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1

CERTIFICATE OF DEATH

131a Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4206 Queensbury Road	STREET ADDRESS (If rural, give location) 4206 Queensbury Road

3. NAME OF DECEASED (Type or Print)	(First) Philip	(Middle) Thomas	(Last) Peddicord	4. DATE OF DEATH	(Month) Feb	(Day) 24	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Jan. 17, 1889	9. AGE last birthday 60 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager	10b. KIND OF BUSINESS OR INDUSTRY Cemetary	11. BIRTHPLACE (State or foreign country) Oakland, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Clagett Peddicord		14. MOTHER'S MAIDEN NAME Mary Lewis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Anna Theresa Peddicord	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7.25 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John T. Maloney, M.D.	Deputy Medical Examiner	Hyattsville, Md	2-25-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Feb 28, 1949	NAME OF CEMETERY OR CREMATORY Holy Redmer	LOCATION (City, town, or county) Baltimore	(State) Md

DATE REC'D BY LOCAL REG. Feb. 25 1949	REGISTRAR'S SIGNATURE Amanda Downey Jas. Severe	24. FUNERAL DIRECTOR F. Gasch's sons	ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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RECEIVED
FEB 28 1949
BUREAU V. S.

01933

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges County; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Andrews Air Force Base
LENGTH OF STAY (in this place) 11 mos 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dispensary, Andrews AFB, Wash D.C.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida; COUNTY Bay
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parker
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	William	E.	Pennington		2	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Single	10 March 1929	19 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
AIRMAN	Air Force	Parker, Florida	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	Present	Unknown	Service Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

822.3 1900

Immediate cause (a) Multiple fractures of ribs and pelvis with laceration of lungs, liver, spleen and heart.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Massive hemorrhage, secondary to above. J.F.H.

(c) AI when crash truck overturned

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. about 1215 hours, 8 Feb 49, on runway 19, AAFB.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	AAFB	Prince Georges County,	Maryland	

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☒	Not While At work ☐	HOW DID INJURY OCCUR?
Feb	8	1949	1215 m.			Crash truck overturned.

22. I hereby certify that I attended the deceased from —, 19—, to —, 19—, that I last saw the deceased alive on Never, 19—, and that death occurred at 1305 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Francis E. Barry	Captain, MC	Andrews AFB, Wash 25, D. C.	8 Feb 49
FRANCIS E. BARRY,			

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 10 1949	Panama City	Florida	

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
X Feb 9 1949	[illegible]	Whitter Funeral Home	Washington D. C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAY 10 1949
BUREAU V. S.

01934

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1
1310

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH· COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lakeland
HOSPITAL OR INSTITUTION OR STREET ADDRESS 54th Ave. & Lakeland Rd.	STREET ADDRESS (If rural give location) 54th Ave. & Lakeland Rd.

3. NAME OF DECEASED (Type or Print) (First) William	(Middle) Frank	(Last) Powell	4. DATE OF DEATH (Month) Feb.	(Day) 10	(Year) 1949
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 1874	9. AGE last birthday 75 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer B&O R.R. Co	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME James Powell		14. MOTHER'S MAIDEN NAME Margaret ? (unknown)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Marinda Powell			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Acute pulmonary edema

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney, M.D.	Deputy Medical Examiner	Cheverly-Hyattsville, Pr. Geo. Md	2-10-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE Feb 10, 1949	NAME OF CEMETERY OR CREMATORY 1432 Yon St N W	LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REG. Feb 10, 1949	REGISTRAR'S SIGNATURE James Severy	24. FUNERAL DIRECTOR W. Ernest Jarvis Co	ADDRESS 1432 Yon St N W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 420.1 01935

CERTIFICATE OF DEATH 1310 Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (In this place) 20a
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 1201-69th Place

3. NAME OF DECEASED (Type or Print): (First) Jessie (Middle) (Last) Proctor
4. DATE OF DEATH: (Month) Feb. (Day) 14 (Year) 1949.
5. SEX: M.
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-14-84
9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbers helper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James Proctor
14. MOTHER'S MAIDEN NAME: Mary
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mamie Proctor, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John D. Maloney M.D. Deputy Medical Examiner — Cheverly-Hyattsville, Md. — 2-15-49

23. BURIAL, CREMATION, REMOVAL (Specify) Removal to | DATE Feb. 18. 1949 | NAME OF CEMETERY OR CREMATORY Washington Memorial Park | LOCATION (City, town, or county) Washington | (State) DC

DATE REC'D BY LOCAL REG. 2/15/49 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR F. Gosch & Sons | ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1949
BUREAU U. S.

01936

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

447

CERTIFICATE OF DEATH

93d Reg. Dist. No. 105

Reg Dist 240

1. PLACE OF DEATH · COUNTY Pr. Georgia MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY P.r. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedarville — LENGTH OF STAY (in this place) 88	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Brandywine, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedarville	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MARY CATHARINE (Middle) (Last) PROCTOR		4. DATE OF DEATH (Month) FEB (Day) 2 (Year) 1949	
5. SEX F	6. COLOR OR RACE Col	7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)	8. DATE OF BIRTH Mar. 2, 1860
9. AGE last birthday 88 yrs.	If under 1 year Months 8 Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Chas. Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John R. Thompson		14. MOTHER'S MAIDEN NAME Mary C. Savoy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs Katie Proctor	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio-vascular Collapsus

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — 8 yrs.

(c) Bronchial asthma & hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Feb, 1948, that I last saw the deceased alive on Nov 1, 1948, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

SIGNATURE Jan 1 1949 (Degree or title) Alfred R. Lapin, M.D. ADDRESS DATE SIGNED Feb 2, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/4/49	NAME OF CEMETERY OR CREMATORY St Peters	LOCATION (City, town, or county) (State) Waldorf
DATE REC'D BY LOCAL REG. 2/3/49	REGISTRAR'S SIGNATURE M. L. Monroe	24. FUNERAL DIRECTOR Hundt & Ryan	ADDRESS Waldorf Md

2/5/49 F. H. Billingsley

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 443

01937

CERTIFICATE OF DEATH 938

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (In this place) 2 mo	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) Main St

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle)	(Last) Ross	4. DATE OF DEATH	(Month) 2	(Day) (Year) 19 19 49
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 13, 1891	9. AGE last birthday 57 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Roumania Europe	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Calman Ross		14. MOTHER'S MAIDEN NAME Bessie Braunstein	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Nancy Simons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Myocardial Insufficiency	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —	(CITY OR TOWN) —	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from 2/17, 19 49, to 2/19, 19 49, that I last saw the deceased alive on 2/19, 19 49, and that death occurred at 7 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
N B Simons		322 Prince St Laurel	2/19/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-19-49	Randall Hudson	Atlantic City N.J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 20 - 1949	M. Brashears	Ridgly Selby	401 Washington Laurel, Md.

RECEIVED
FEB 22 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

144

01938

CERTIFICATE OF DEATH

45b

Reg. Dist. No. 230

1. PLACE OF DEATH · COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Munkirk — LENGTH OF STAY (in this place): Several months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beltsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location): NONE

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Louise (Last) Ruperti

4. DATE OF DEATH: (Month) Feby (Day) 28 (Year) 1949

5. SEX: Fem. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 8. DATE OF BIRTH: July 4/1879 9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10b. KIND OF BUSINESS OR INDUSTRY: at home 11. BIRTHPLACE (State or foreign country): MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: BENJAMIN F. BOTELER 14. MOTHER'S MAIDEN NAME: FANNIE STOPENGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) 16. SOCIAL SECURITY NO.: NONE 17. INFORMANT: EUGENE KELLEY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer of mouth and tongue — Several months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1949, to Feby 28, 1949, that I last saw the deceased alive on Feby 24, 1949, and that death occurred at 4:28 A m., from the causes and on the date stated above.

SIGNATURE: W. Allen Griffith (Degree or title) M.D. ADDRESS: Berwyn Md DATE SIGNED: 2/28/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE: MARCH 2/1949 NAME OF CEMETERY OR CREMATORY: ST. JOHNS EPIS CH CEM. BELTSVILLE, MD LOCATION (City, town, or county): BELTSVILLE (State): MD

DATE REC'D BY LOCAL REG.: Feb 28 1949 REGISTRAR'S SIGNATURE: James Sevrey John D. Smith 24. FUNERAL DIRECTOR: W. W. CHAMBERS Co. ADDRESS: RIVERDALE, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01939

420.1

CERTIFICATE OF DEATH

13 la

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 2809 Cheverly Ave

3. NAME OF DECEASED (Type or Print) (First) Charlotte (Middle) Estelle (Last) Sanford

4. DATE OF DEATH (Month) Feb (Day) 11 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept 22, 1878
9. AGE last birthday 70 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleswoman
10b. KIND OF BUSINESS OR INDUSTRY Dept. store
11. BIRTHPLACE (State or foreign country) Washington DC
12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME Jacob Baker
14. MOTHER'S MAIDEN NAME Maude Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Edward H. Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Infarction

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1949, to Feb. 11, 1949, that I last saw the deceased alive on 2.11, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE C. Clerty M.D. (Degree or title) ADDRESS Hyattsville, Md. DATE SIGNED 2-11-49.

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE Feb 12/49
NAME OF CEMETERY OR CREMATORY Washington
LOCATION (City, town, or county) D. C. (State)

DATE REC'D BY LOCAL REG. 2/12/49
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Martin W. Hysong Co. ADDRESS 1300 "N" St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

331
83a

01940

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Prince Georges

City or town: Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, Institution, or street address where death occurred: .....

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: P.G.

City or town: Seat Pleasant
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 6509 D Street
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME

JULIUS SASS Julius Sass.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife: Mary M. (Winters)

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 4/II/1869

8. AGE: Years	Months	Days	If less than one day
79	10	17	..... hrs. ..... min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Retired laborer

11. Industry or business: Dept of Education

FATHER
12. Name: William Sass
13. Birthplace: ~~Dept of~~ Md.

MOTHER
14. Maiden name: Josephine ?
15. Birthplace: Md.

16. Informant: Family

Address: Same

17. B (Burial, cremation, or removal. Which?) Date thereof: 3/3/49 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: 3801 Frederick Avenue

18. Funeral director: James L. McCully.

Address: 130 East Fort Avenue

19. March 2 1949 (Date filed by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 28 1949, at 3 00 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 29 1948, to Feb 28 1949 and that I last saw him alive on February 28 1949.

Immediate cause of death	DURATION
Cerebral hemorrhage	3 days
Due to Generalized arteriosclerosis c̄ hypertension	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: William Brannin M. D. or ~~other~~

Address: Capitol Hgts, Md Date signed: 2/28/49.

VS A15 9-45-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH

01941

2411 N. Charles Street, Baltimore 421.4

CERTIFICATE OF DEATH 91c Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 44 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 915 Montgomery St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 915 Montgomery St.

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) Elizabeth (Last) Scott

4. DATE OF DEATH: (Month) February (Day) 21 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 23 1904

9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Farrall

14. MOTHER'S MAIDEN NAME: Cora Beall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Charles E. Scott - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis - Endocarditis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arthritis Deformans -

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/8/48, 19--, to 2/21, 19 49, that I last saw the deceased alive on 2/21, 19 49, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

N. B. Hammond. Laurel 2/22/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 23 1949 — NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery — LOCATION (City, town, or county) (State): Laurel, Maryland

DATE REC'D BY LOCAL REG. Feb 23 — REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: DeWitt Donaldson — ADDRESS: Laurel, Md.

RECEIVED
FEB 28 1949
BUREAU V. S.

01942

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

199.1

CERTIFICATE OF DEATH

55a

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY: Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park — LENGTH OF STAY (in this place): 9 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4704 Calvert Road	STREET ADDRESS (If rural, give location): 4704 Calvert Road

3. NAME OF DECEASED (Type or Print): (First) Mossie (Middle) Gertrude (Last) Shaw

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10 July 1892

9. AGE last birthday: 56 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry A. Bayless

14. MOTHER'S MAIDEN NAME: Dosia Bales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: S.B. Shaw College Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis ABDOMEN

Antecedent cause(s) (b) with Cerebral Metastasis.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: 10 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 1948

19b. MAJOR FINDINGS OF OPERATION: Abdominal Carcinomatosis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March, 1948, to Feb, 1949, that I last saw the deceased alive on 7 Feb, 1949, and that death occurred at 8 30 A.m., from the causes and on the date stated above.

SIGNATURE: W. L. Etienne, M.D. (Degree or title) — ADDRESS: Berwyn, Md — DATE SIGNED: 2-9-49

23. BURIAL, CREMATION REMOVAL (Specify): transportation — DATE: 2/10/49 — NAME OF CEMETERY OR ~~CREMATORY~~: Mt Carmel — LOCATION (City, town, or county): Rose Hill Va (State)

DATE REC'D BY LOCAL REG.: Feb 10, 1949 — REGISTRAR'S SIGNATURE: James Severs

24. FUNERAL DIRECTOR: E Gaschasons - Hyattsville Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 11 1949
BUREAU V. S.

1621-

01943

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 443

CERTIFICATE OF DEATH 932 Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 212-5 Ave - Takoma Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 212-5 Ave - Takoma Park
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	WILLIAM	SHIPLEY	Feb.	26 -	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M.	W.		Jan 7. 1863	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Maryland	U.S.A.

13. FATHER'S NAME: Robert Shipley
14. MOTHER'S MAIDEN NAME: Mary Ellen Snowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs Pearl Beglemaier

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio vascular accident - left. — 12 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hypertensive heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Jan., 1949, to 26 Feb., 1949.; that I last saw the deceased alive on 26 Feb, 1949, and that death occurred at 4 15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Ernest A. Sarao M.D.	6711 New Hampshire Ave Takoma Pk Md.	26 Feb 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March-1-1949	Rock Creek	Washington - D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 26, 1949	James Berry	J. Arthur Walters	254 Carroll St - Takoma Park D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 1 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01944

420.1

CERTIFICATE OF DEATH

93d

Reg. Dist. No. 238

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Hgts — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Hgts
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5911 - Berwyn Rd	STREET ADDRESS (If rural, give location) 5911 - Berwyn Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	CATHERINE	STEIN	FEB	26	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
FEMALE	White	MARRIED	29 Nov 1874	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	OWN HOME	WASHINGTON-D.C.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ROBERT KNOWLES	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	—	CHARLES STEIN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Congestive Heart Failure	30 MIN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis	30 MIN
(c) Generalized Arteriosclerosis	5-10 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NONE	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from JAN, 1947, to FEB, 1949 that I last saw the deceased alive on 19 FEB, 1949, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm. L. Etienne	M.D.	Berwyn, Md.	2/26/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	Mar 1, 1949	Geo Washington	Hyattsville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/1st/49	Amanda Downey / John D. Smith	F. Gascho sons	Hyattsville Md

VS. A15

RECEIVED
MAR 4 1949
BUREAU V. S.

Louis Bamberger

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.1 93d

01945

Reg. Dist. No. 240

1. PLACE OF DEATH:
County Prince George
City or town Brandywine, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: Brandywine Md.
How long in hospital or institution? — Residence —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Pr. George
City or town Brandywine, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME John Hammond Tippett.

3.(b) Social Security Number — none —

4. Sex: Male
5. Color or race: white
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of ~~husband~~ or wife: Clara Aliene Cole Tippett
6.(c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) Dec 1 1882

8. AGE: Years 66 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace T.B. — (Brandywine P.O.) Maryland
(Town, county, and state)
10. Usual occupation Farmer and laborer
11. Industry or business Retired

FATHER
12. Name Phillip Franklin Tippett
13. Birthplace Maryland.

MOTHER
14. Maiden name Margaret Virginia Townsend
15. Birthplace Maryland

16. Informant Mrs Clara Tippett Wife
Address Brandywine Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-18-49 (month) (day) (year)
Cemetery or crematory Cedar Hill
Location Suitland Md
18. Funeral director Hunt & Son
Address Aldwell Md

19. 2-15 1949 M. J. Mills Registrar
(Date rec'd by registrar)
2-18-1949 F. N. Billingsley

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 15 1949 at 9:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1948 to Feb 15 1949 and that I last saw him alive on Feb 14 1949

Immediate cause of death: Acute congestive heart failure — DURATION: 2 hours
Due to Chr. myocarditis — 1 year
Due to general arteriosclerosis — unknown
Other conditions — — none of note
(Include pregnancy within 3 months of death)
Major findings of operations none
Date of op. —
Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: natural causes
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE Paul C. Van Hatten M. D. or ~~other~~
Address Washington 19 DC Date signed Feb 15 1949.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

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RECEIVED
FEB 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01946

2411 N. Charles Street, Baltimore

002

CERTIFICATE OF DEATH 136

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale
LENGTH OF STAY (in this place): 10 mos., 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 325 C. Street, S.E. ✓

3. NAME OF DECEASED (Type or Print): (First) NORMAN (Middle) C (Last) TURNER
4. DATE OF DEATH: (Month) Feb (Day) 16th (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8/29/07
9. AGE last birthday: 41 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printing Press Operator
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Washington, D. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Franklin Turner, Maryland, St. Mary's Co.,
14. MOTHER'S MAIDEN NAME: Mary E. Smith, Washington, D. C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: 579-03-4642
17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/9 19 48, to 2/16 19 49, that I last saw the deceased alive on 2/16 19 49, and that death occurred at 8:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Daniel Leo Finucane M.D. — Glenn Dale Md. — Feb 16 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): BURIAL | DATE: Feb. 19, 1949 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery | LOCATION (City, town, or county) (State): Pr. Geo. Co. Md.

DATE REC'D BY LOCAL REG. 2/17/49 | REGISTRAR'S SIGNATURE: Rowland S. Phillips | 24. FUNERAL DIRECTOR: James G. Ryan Inc. | ADDRESS: 317 Pa. Ave. S.E. Wash. D.C.

RECEIVED
FEB 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01947

420.1

13-a

Reg. Dist. No. 2-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4815 - Rhode Island Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 4815 Rhode Island Avenue

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Walsh

4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov - 10, 1891

9. AGE last birthday: 57 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Slate roofer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bradford - England

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Matthew Walsh

14. MOTHER'S MAIDEN NAME: Alice Gath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: M. Norman Walsh - Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c): Cardio-vascular renal disease

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): John J. Maloney, M.D. Deputy Medical Examiner - Cheverly - Hyattsville, Md

ADDRESS:

DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 4 Feb 1949

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG.: Feb 2, 1949

REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: J. Daniels & Sons

ADDRESS: Hy. Md.

RECEIVED
FEB 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

174 01948

485 Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3900 Hamilton St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) Old Annapolis Rd.

3. NAME OF DECEASED (Type or Print) (First) Emily (Middle) Louise (Last) White

4. DATE OF DEATH (Month) Feb. (Day) 11 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 11/6/1897

9. AGE last birthday 51 yrs. If under 1 year: Months 3 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Howard Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Henry Bloom

14. MOTHER'S MAIDEN NAME M. Louise Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT Mrs Louise Jacques

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Carcinomatosis.

(c) Carcinoma of Uterus.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1948, to Feb 11, 1949, that I last saw the deceased alive on Feb 10, 1949 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. Metz M.D. ADDRESS Hyattsville Md. DATE SIGNED 2/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 2/14/49 NAME OF CEMETERY OR CREMATORY New Cathedral LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. Feb 11 1949

REGISTRAR'S SIGNATURE James Berry

24. FUNERAL DIRECTOR Easton Sons-Catonsville ADDRESS Md.

Dr. Aaron Liety
4314 Hallatin St.
Hyattsville Md

RECEIVED
FEB 14 1949
BUREAU V. S.

Evidence for addition in cause of death shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01949

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince Georges	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ritchie; MARYLAND LENGTH OF STAY (in this place) 3 mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ritchie
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7161- White House Rd	STREET ADDRESS (If rural give location) 7161- White House Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	Elaine	Wilson	2	21	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Single	Nov 12, 1948	yrs.	3	9	—	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Washington DC	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Thomas Wilson	Bertha Louise Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
			John T. Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pneumonia: history of a cold, fever,	
	(c) and rapid respirations.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify ~~that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and~~ that death occurred at 7:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd Deputy Medical Examiner	Forestville Md	2-21-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Feb. 23, 1949	Forestville Meth. Church	Forestville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 23 1949	R Bruce Smith	Ritchie Bros.	Upper Marlboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Check correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01950

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY: Prince Georges
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale
LENGTH OF STAY (in this place): 1 yr. 1 mo., 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C.
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1227 - 10th St., N. W.

3. NAME OF DECEASED (Type or Print): (First) GERTRUDE (Middle) (Last) WRIGHT

4. DATE OF DEATH: (Month) Feb 25, (Day) (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 9/19/11

9. AGE last birthday: 37 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Council, North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Butler Wright, Council, N. Carolina

14. MOTHER'S MAIDEN NAME: Gertrude Brown, Council, North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - (If year, give war or dates of service): -

16. SOCIAL SECURITY NO.: - - -

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis

Antecedent cause(s) (Fatal Pulmonary Hemorrhage)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr 8 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 8, 1948, to Feb. 25, 1949, that I last saw the deceased alive on Feb 25, 1949, and that death occurred at 8:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Lee Finucane M.D.

ADDRESS: Glenn Dale Md.

DATE SIGNED: Feb 25/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal to Washington D.C.

DATE: 2/26/49

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: Feb. 26, 1949

REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: Frazier's Funeral Home

ADDRESS: 388 P. St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 420.1

CERTIFICATE OF DEATH 131a Reg. Dist. No. 245

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7204-Bowdoin Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park.
STREET ADDRESS (If rural, give location) 7204-Bowdoin Ave.

3. NAME OF DECEASED (Type or Print) (First) Rhoda (Middle) (Last) Wright

4. DATE OF DEATH (Month) Feb. (Day) 24 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 10, 1875
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Caldwell
14. MOTHER'S MAIDEN NAME Louise Gambrill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Dorothy Combs - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney, M.D. Deputy Medical Examiner - Hyattsville, Md. 2-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Transportation
DATE THEREOF Feb 26, 1949
NAME OF CEMETERY OR CREMATORY Hendersonville
LOCATION (City, town, or county) Hendersonville (State) N.C.

DATE REC'D BY LOCAL REG. Feb 26 1949
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR F. Gasch's sons ADDRESS Hyattsville Md

RECEIVED
FEB 28 1949
BUREAU V. S.